

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 20342/1202529-US1																									
Application Number 10/762,566-Conf. #3220		Filed January 23, 2004																									
For FORMULATION AND METHODS FOR THE TREATMENT OF THROMBOCYTHEMIA																											
Art Unit 1614		Examiner A. R. Hughes																									
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ 450.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																											
<input type="checkbox"/> A check in the amount of the fee is enclosed.																											
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																											
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																											
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any <u>deficiency</u> fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.																											
I am the <input type="checkbox"/> applicant/inventor.																											
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.																											
<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																											
<input type="checkbox"/> attorney or agent of record. Registration Number <u>56,190</u>																											
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.																											
Registration number if acting under 37 CFR 1.34 _____																											
<u>Shelly M. Fujikawa</u> Signature		<u>September 19, 2007</u> Date																									
<u>Shelly M. Fujikawa</u> Typed or printed name		<u>(206) 262-8916</u> Telephone Number																									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.																											